# GP Contract Application Form to Work with GDoc Ltd

We would like to thank you for your expression of interest. Please complete the application form along with requested attachments and return to [gdoc@nhs.net](mailto:gdoc@nhs.net)

|  |  |
| --- | --- |
| Surname: Click here to enter text. | Title: Click here to enter text. |

First Names: Click here to enter text.

Address: Click here to enter text.

Post Code: Click here to enter text.

|  |  |
| --- | --- |
| Home Tel No: Click here to enter text. | Work Tel No. Click here to enter text. |
|  |  |
| Mobile No: Click here to enter text. | Email: Click here to enter text. |

Details of other organisations (e.g surgeries) you work for including hours worked:  
  
Organisation: Click here to enter text. Hours: Click here to enter text.

**Please ensure you answer all of the following questions**:

I confirm that I am a General Practitioner and I am seeking sessional work with GDoc Limited, within the following projects:

* **Improved Access:**

Gloucester Yes Cheltenham Yes Forest of Dean Yes

South Cotswolds Yes North Cotswolds Yes Berkeley Vale Yes

* **County Wide:**

Gloucester Yes Cheltenham Yes Stroud Yes

* **Other:**

GP in ED Streaming at GRH Yes Ward GP at Berkeley Vale Hospital Yes

I understand there is no obligation for the Company to offer work or for me to accept it. If I am offered session work this will not constitute a contract of employment.

Smartcard number is: Click here to enter text.

My GMC number is: Click here to enter text.

I have a full registration with GMC and am on the GP register Yes

Has the GMC imposed any restrictions on your practise? Yes   
(Details of restrictions if any) Click here to enter text.

I am a newly qualified doctor and I attach a copy of my final certificate of training Yes   
(indicate here if not applicable)

Please attach a copy of your current Medical Indemnity certificate, ensuring that the certificate identifies and covers you to work on a sessional basis within GDoc. ***Select ‘Yes’ to confirm that certificate is attached*** Yes

I confirm I am on the National Performers’ List Yes

I confirm my last appraisal date was: Click here to enter text.

If you will be driving to your work for GDoc, please confirm you have a Full UK Drivers Licence and your vehicle is insured for commuting. Yes

**REHABILITATION OF OFFENDERS:** Because of the nature of the work for which you are applying, this role is exempt from the provisions of section 4 (2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) order 1975. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are “spent” under the provision of the Act. Failure to disclose such convictions could result in withdrawal of sessional work. Please answer the questions below. If you answer ‘YES’ to any question please supply full details on a separate sheet, whether or not it was in the UK or any other country and regardless of how long ago this was.

Have you ever been convicted or charged with an offence, whether in the UK or any other country?

Yes No

Have you ever received a police caution, final warning or reprimand?

Yes No

|  |  |
| --- | --- |
| **Where did you first hear about GDoc?** | |
| GP Surgery | Our GDoc website |
| Word of mouth | Marketing |
| Events | Other: |
| Please state: |  |

I agree that I will provide GDoc will all necessary paperwork on, or prior to, Induction. Yes

|  |  |  |
| --- | --- | --- |
| **GP to provide the following with this application:** | | **(Tick)** |
| Application Form (completed & signed) | |  |
| CV | |  |
| Personal Details (Emergency Contacts) Form | |  |
| Medical Indemnity Certificate | |  |
| Final Certificate of Training (Newly Qualified Dr) | |  |
| Basic Life Support Training Certificate & AED use | |  |
| Child Protection Training Certificate L3 | |  |
| Adult Safeguarding Training Certificate | |  |
| DBS (Issued in last 12 months in your role as a GP) [If you do not have one, GDoc can apply on your behalf] | |  |
| GMC Number | |  |
| Smartcard Number | |  |
| Contact details, including email address for 2 formal referees: | |  |
| Referee 1: | Referee 2: | |
| **GDoc will provide the following forms to sign, after completed application form is received:** | | |
| General Data Protection Regulation (GDPR) | | |
| GDoc Workplace Health Assessment Form | | |
| GDoc Operating Rules for Locums | | |
| GDoc Policy on Drugs with the Potential for Misuse | | |
| GDoc Information for Locums | | |
| Confidentiality Agreement | | |
| At induction you will be required to present 3 Forms of ID  (Must include recent photo & proof of address) | | |

***Declaration***  
I declare that the information submitted on all pages of this form is true and correct. I understand that a false statement may lead to my exclusion from sessional work.

Signed:

Click here to enter text.

Dated:

Click here to enter text.

Print Name:

Click here to enter text.